

**UNITED STATES DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE**

**Martin Van Buren National Historic Site**  
1013 Old Post Road  
Kinderhook, NY 12106-3605  
518-758-9689

**Application for Photography/Filming Permit - Long Form**

**Date** \_\_\_\_\_

**GENERAL INFORMATION**

Company Name \_\_\_\_\_ Applicant/Agent \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Phone # \_\_\_\_\_  
FAX # \_\_\_\_\_ Beeper # \_\_\_\_\_  
Producer \_\_\_\_\_ Photographer/Director \_\_\_\_\_  
Insurance Co. \_\_\_\_\_ Name of Project/Client: \_\_\_\_\_  
Federal Tax No. or Social Security No. \_\_\_\_\_

**Type of Project:**

☐ Stills, editorial   ☐ Stills, advertising   ☐ stills, other   ☐ stock video/photo  
☐ Feature Film /TV Movie   ☐ TV Series/Pilot   ☐ Documentary/Travelogue   ☐ Commercial  
☐ Music Video   ☐ Public Service Announcement   ☐ Infomercial   ☐ Industrial  
☐ Other, explain \_\_\_\_\_ Sound ☐ Yes   ☐ No

**Summary of scene(s)**

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**SITE INFORMATION:**

Total number of days on site: \_\_\_\_\_ Shoot \_\_\_\_\_ Prep \_\_\_\_\_ Strike \_\_\_\_\_ Hold \_\_\_\_\_  
Night work : ☐ No   ☐ Yes, explain \_\_\_\_\_

**SHOOTING SCHEDULE BY LOCATION:**

DATE	LOCATION	TIMES	FILM	PREP	STRIKE
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Exteriors

☐ Interior: Building name \_\_\_\_\_ ☐ Other, explain \_\_\_\_\_

Set dressing or other structures proposed: ☐ No ☐ Yes, explain \_\_\_\_\_

**To request set construction, off-road activity, trail use, or interior use of building, attach detailed information including proposed Site Plan.**

Electrical needs, explain \_\_\_\_\_ Generator: ☐ No ☐ Yes, size \_\_\_\_\_ Lighting: ☐

None ☐ Reflectors only ☐ Yes (explain) \_\_\_\_\_

Road: \_\_\_\_\_ Date/time: \_\_\_\_\_ ☐ Closure requested

☐ Running shots ☐ Driving shots ☐ Drive-bys ☐ Tow shots ☐ Drive-ups & Away ☐ Wet down road

☐ Camera/Equipment on Road Shoulder ☐ Camera/Equipment on median ☐ Other (explain) \_\_\_\_\_

## OPERATIONAL INFORMATION:

Personnel and Vehicles:

Total Cast & Crew \_\_\_\_\_ Personal Cars \_\_\_\_\_ Large Trucks \_\_\_\_\_ Other Trucks \_\_\_\_\_ Vans \_\_\_\_\_

Camera Car \_\_\_\_\_ Picture Cars \_\_\_\_\_ Motor homes \_\_\_\_\_ Dressing Rooms \_\_\_\_\_

Other Vehicles (explain) \_\_\_\_\_

Base Camp location \_\_\_\_\_

Catering Co. Name \_\_\_\_\_ Phone # \_\_\_\_\_

## SPECIAL ACTIVITIES:

Children: ☐ None ☐ Yes # of Children \_\_\_\_\_ Age Range \_\_\_\_\_

Animals: ☐ None ☐ Yes (explain) \_\_\_\_\_

Trainer Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Aircraft: ☐ No ☐ Yes (explain) \_\_\_\_\_

Special Effects: (identify) \_\_\_\_\_

Effects Technician Name: \_\_\_\_\_ Phone # \_\_\_\_\_

License # (if applicable) \_\_\_\_\_ Permit # (if applicable) \_\_\_\_\_

Stunts: (explain)

Coordinator \_\_\_\_\_ Phone # \_\_\_\_\_

Any other unusual or hazardous activities, explain \_\_\_\_\_

Attach pages to provide additional information for permit consideration.

Person on location responsible for company's adherence to all terms & conditions of Film Permit:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Person on location responsible for coordinating activities with the NPS:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Person at the company office to contact for follow up information and billing:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby state that the above information given is complete and correct, and that no false or misleading information or false statements have been given. All estimates are reliable to the best of my knowledge

and I have the full authority to represent the applicant/production company and the project described above.

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Company Name**

Information provided will be used to determine whether a permit will be issued. Completed application must be accompanied by an application fee in the form of a cashiers check or money order in the amount of \$\_\_\_\_.00 made payable to **National Park Service**. Application and administrative charges are non-refundable. *This completed application should be mailed to Park address information.*

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*The above application form is provided is provided with the understanding that parks will insert appropriate park names and addresses as desired. In addition, parks are encouraged to request (under separate sheets) any additional information needed to address specific park needs.*

*The applicant must sign and attach a disclaimer of authenticity of the information submitted.*

**Paperwork Reduction Act Statement:** This information is being collected to allow the park manager to make a valued judgement on whether or not to allow the requested use. All the applicable parks of the form must be completed.

**Estimated Burden Statement:** Public reporting burden for this form is estimated to average 60 minutes per response including the time it takes to read, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the National Park Service Program Manager, Special Park Uses, Ranger Activities Division, 1849 C Street, NW., Washington, D.C. 20240 and to the Information Collection Clearance Officer, Washington Administrative Program Center, 1849 C Street NW., Washington, D.C. 20240. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.